

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155694		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/04/2011	
NAME OF PROVIDER OR SUPPLIER  BETZ NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 116 BETZ RD AUBURN, IN46706			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/14/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/04/11</p> <p>Facility Number: 000306 Provider Number: 155694 AIM Number: 100273860</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Betz Nursing Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0014 SS=E	<p>determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 115 and had a census of 89 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/09/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						
	<p>Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2</p> <p>Based on observation and interview, the facility failed to provide documentation for the flame spread rating of interior finish materials installed within</p>			K0014	<p>It is the practice of this provider to provide flame spread ratings of interior finish materials. Corrective action: Product has been sent in for testing in accordance with NFPA 255 by the construction</p>		12/04/2011

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	<p>the exit access for 4 of 7 corridors in the facility. This deficient practice could affect all occupants on the 400, 500, 600 and 700 halls.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 11/04/11 from 10:49 a.m., laminate flooring material was installed on the bottom portion of the corridor walls on the 400, 500, 600 and 700 halls. Based on an interview with the Maintenance Supervisor at the time of observations, this was done recently as part of the renovation process. Based on an interview with the Maintenance Supervisor at the time of observations, no documentation was available to demonstrate the laminate flooring material provides a flame spread rating of Class A or Class B.</p> <p>This deficiency was cited on 09/14/11. The facility failed to implement a systemic plan or correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>manager. If the result is less than an acceptable rating, a fire retardant coating will be applied providing the designated Class A or Class B rating.No actual harm to any resident was found. All residents have the potential to be affected by the alleged deficient practice.Any new interior finish materials installed with be checked by the manufacturer to ensure that it meets the flame spread rating of Class A or B. Flame spread ratings will be filed in the maintenance director's binder/folder. The Executive Director is responsible to ensure compliance.</p>		

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